

QUESTIONNAIRE

To be completed in order to establish an account for Reporting
LICENSE FEES

For

THE CITY OF WEST BUECHEL, KENTUCKY

West Buechel, KY 40218

Office hours 8:00 a.m. - 4:00 p.m. Monday thru Friday - Telephone
459-4400. Every business or individual subject to the License Fee is
Required to complete this questionnaire and return it to the City
Of West Buechel.

The following information is necessary for our records and will be held
In strict confidence - ANSWER ALL APPLICABLE QUESTIONS

LICENSE NUMBER

DATE

ACCOUNT NUMBER

-----OFFICE USE ONLY-----

1. NAME _____
☐ Individual
☐ Corporation (date organized ____/____/____ State ____)
☐ Partnership (List Names & Address of each Partner on Line 11)
☐ Other _____
2. TRADE NAME _____
(If Difference from that given above)
3. ADDRESSES (Please complete all addresses applicable - indicate zip code and telephone number)
☐ Principle Business Location _____
☐ West Buechel Location _____ Tel No _____
☐ (If more than one location in West Buechel) _____ Tel No _____
☐ List on Line 11 _____ Tel No _____
☐ Residence (if individual proprietorship, or self-employed person) _____
☐ Mailing address (if different from above) _____
☐ If Corporation, name and address of Agent for Service of Process in Ky _____
4. ACCOUNTING PERIOD
☐ Calendar Year ____ Dec. 31, or ☐ Fiscal Year Ended ____/____/____
Month Day
5. FEDERAL TAX IDENTIFICATION NUMBER _____
If individual, give Social Security Number _____
6. NATURE OF BUSINESS (Please describe your business and its operation, including where and how sales, services, or other activities
Take place. Include any other pertinent information) _____
7. DATE OPERATION IN WEST BUECHEL STARTED ____/____/____
MONTH DAY YEAR
8. DO YOU HAVE OR WILL YOU HAVE EMPLOYEES WORKING IN WEST BUECHEL
☐ Yes ☐ No
9. DO YOU HAVE OR WILL YOU HAVE RECEIPTS FROM AN OCCUPATION OR BUSINESS ACTIVITY IN: _____
West Buechel ☐ Yes ☐ No
10. IF BUSINESS WAS OBTAINED FROM A PREVIOUS OWNER, OR A CHANGE IN THE TYPE OF ORGANIZATION:
a) Give Date of Acquisition or change _____
b) Give Name of Previous Owner or Organization _____
c) Give Former Trade Name, if any _____
11. APPROXIMATE NUMBER OF COVERED EMPLOYEES _____
a) Are employees seasonal _____

I hereby certify that all information and statement herein are true and correct.

ate _____

x

(Signature)

(Date)